

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE
15 JUL 15 PM 2:04
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type
over the lines.

12FE4M5

Bob Casey for Senate Inc

ADDRESS (number and street) PO BOX 58746

☐ Check if different
than previously
reported. (ACC)

Philadelphia
CITY

PA
STATE

19102-8746
ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00431056

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

STATE

DISTRICT

PA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☒ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

☐ Termination Report (TER)

Election on

in the
State of

5. Covering Period

04/01/2015

through

06/30/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles Lyons

Signature of Treasurer

Date

7/13/15

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. 437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)